ia

ıg
Council

December 3, 2010

Stephen W. Mayberg, PhD, Director
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

Dear Dr. Mayberg,

Pursuant to our Memorandum of Understanding, the California Mental Health Planning Council conducted a peer review of programs funded by the Substance Abuse and Mental Health Services Block Grant in San Joaquin County on August 24-25, 2010. Attached is the final report on that review, including the response from San Joaquin County.

If you have any questions about this review, please contact Ann Arneill-Py, PhD, at (916) 651-3803 or by email at Ann.Arneill-Py@dmh.ca.gov.

Sincerely,

Ann Arneill-Py, PhD
Executive Officer

Enclosure

cc: Heide Lange
Quality Improvement Committee

1600 9th Street
Sacramento, CA 95814
916.651-3839
fax 916.651-3922

Peer Review Report
San Joaquin County Behavioral Health Services

Background

San Joaquin County is a medium size county, and is one of the nation's top 10 agricultural production counties. Nearly 40% of residents speak a language other than English. The county provided the following data on the race/ethnicity of its population as of 2005.

Race/Ethnicity	Percent
Euro American	41%
Latino	35%
African American	7%
Asian/Pacific Islander	14%
Native American	1%
Other	2%

Source: California Counties--Transforming Local Mental Health Systems, CA 2008

The San Joaquin County Behavioral Health Services (SJCBHS) budget for fiscal year 2008-09 was approximately $66 million, and it served 13,507 unduplicated clients. According to its application for Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds for fiscal year 2008-09, its total budget from that source was $1,122,676.

The SAMHSA Block Grant is a federal source of funding. In federal fiscal year 2009, California received $54 million. The Block Grant is a relatively unrestricted source of funds that can be used for a variety of services, including emergency services, screening for facility admission, outpatient services, psychosocial rehabilitation, day treatment, partial hospitalization, or juvenile justice mental health treatment. Some uses of funds are prohibited: inpatient services, cash payments to service recipients, land or building purchase or improvements; matching other federal funds; and financing assistance to a for-profit entity.

Program Description

Allies Co-occurring Disorders Service

Allies services have been designed to address co-occurring disorders, including trauma histories, in an integrated and comprehensive manner. Flexible, individualized, and stage-based assessment and treatment services based on the SAMHSA Integrated Dual Diagnosis Treatment Evidence Based Took Kit are provided in individual, group, and intensive case management formats, with a focus on encouraging hope, instilling motivation, and reducing harm. Interventions include individual therapy, intensive case management, with both process and psycho-educational group treatment, along with linkage to permanent housing options. All treatment interactions promote the

development of skills to cope with and reduce mental illness symptoms, trauma, and substance abuse cravings. Clients receive six months of intensive services with specific requirements for minimum involvement, which consists of attending two group sessions per week. The period of intensive services is followed by six months of aftercare with reduced attendance requirement, but clients still need to check in with staff.

Staffing Chart

Staff	FTE
Mental Health Clinician I	1
Mental Health Specialist III	1
Case Manager	2
Total	4

Source: San Joaquin County Block Grant Application, Fiscal Year 2008-09

Program Budget

The SAMHSA Block Grant Application for Fiscal Year 2008-09 reports that the gross cost for the programs is $282,744. See Appendix A for the Detailed Program Budget.

Latino Behavioral Health Recovery Services

SJCBHS collaborates with the Council for the Spanish Speaking to provide the Latino Behavioral Health and Recovery Services (LBHRS). This outreach and case management program focuses on a target group of severely and persistently mentally disabled persons and seriously emotionally disturbed children within the Latino community of San Joaquin County.

The Latino population, underserved by mental health services, comprises over 30% of San Joaquin's total population. The program seeks to eliminate the disparities in access to and quality of mental health care, as well as to reduce the stigma associated with mental illness in seeking mental health services.

LBHRS supports the efforts of SJCBHS to provide culturally competent services to the Latino community and serves as a linkage between the community and SJCBHS. It improves the coordination of care among both public and private community systems. LBHRS works collaboratively with the La Familia Full Services Partnership Mental Health Services Act program operated by SJCBHS and participates in regular team meetings. LBHRS supports early mental health screenings, assessment, and referrals to appropriate services, including suicide prevention and intervention.

LBHRS has the following components:

- Outreach services are provided for the purpose of identifying emotionally disordered children and severely mentally ill adults. The program assists these individuals in

accessing programs provided by SJCBHS for urgent assistance, mental health evaluations, and field follow up

- Case management is provided to Latino adults who are seriously mentally ill and children who have been clinically assessed as seriously emotionally disordered. Case management is provided in collaboration with SJCBHS, including Children and Youth Services, Adult and Older Adult Services and La Familia Full Service Partnership Clinic

- Brief Treatment: Clinical staff will facilitate the achievement of clinical goals and plan of treatment contained in the client's treatment plan. Each clinical staff uses relation-based problem solving and recovery model approaches that may include the family as well as the identified client.

Staffing Chart

Staff	FTE
Mental Health Clinicians	1.75
Administrative Assistant	.54
Team Clerk	.30
Total	2.59

Source: San Joaquin County Block Grant Application, Fiscal Year 2008-09

Program Budget

The SAMHSA Block Grant Application for fiscal year 2008-09 reports that the total gross cost of the program was $242,585. See Appendix A for the Detailed Program budget.

Methodology

In federal statute Title XIX, Part B, Subpart 1, Section 1943(a)(1) requires that an independent peer review be conducted of block grant programs to assess the quality, appropriateness, and efficacy of treatment services. These reviews are to be conducted on at least five percent of the entities providing services in the State.

The California Mental Health Planning Council (CMHPC) has been delegated the responsibility to conduct these peer reviews by the Department of Mental Health pursuant to a Memorandum of Understanding. The CMHPC is mandated in federal statute to review and comment on the annual Block Grant Application and Implementation Report, to advocate for persons with serious mental illnesses, and monitor, review, and to evaluate the allocation and adequacy of mental health services within the State. In state statute, the CMHPC is mandated to provide oversight of the public mental health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to advise the Legislature and the Department of Mental Health on mental health policies and priorities. Under the Mental Health Services Act, the CMHPC is also mandated to provide oversight of the education and training component of the Act.

To conduct the peer review, the CMHPC assembled a review team that consisted of one client, one family member, one advocate, one representative from a county mental health program, and two CMHPC staff. The representative from a different county mental health program is required to create the "peer" review aspect of the review.

In advance of the review, the SJCBHS was asked to respond to set of questions about the program. A copy of the questions is provided in Appendix B. The review process for the Allies program consisted of a tour of the facility. During the review, the county mental health program representative conducted a focus group with 4 staff. A copy of those questions is provided in Appendix B. The focus group consisted of two females and two males. There were two Hispanics, one African American, and one person of Mixed Race.

During the review, the client and family member representatives on the review team conducted a focus group with 13 clients. A copy of the questions is provided in Appendix B. The demographic breakdown of the clients responding to the survey is as follows. Males comprised 7 (54%) of the sample; females comprised 6 (46%) of the sample. They had been in the program an average of 22 months. The range was 1.5 to 48 months, and the median was 11 months. They had the following Race/Ethnicity:

Race/Ethnicity

Race/Ethnicity	Number	Percent
African American	4	30.7%
White	2	15.4%
Native American	2	15.4%
Mixed Race	5	38.4%

Source: Focus Group Survey

In advance of the review, the SJCBHS was asked to respond to set of questions about the Latino Behavioral Health Recovery Services provided in Appendix B. The review process for that program consisted of a staff focus group of 4 persons conducted by the county mental health program representative. The focus group consisted of four participants. Two were female, and two were male. There were three Hispanics and one White.

A client focus group was conducted by the client and family member representatives of the team. The group consisted of 9 clients, 34 (33%) of whom were male and 6 (67%) of whom were female. They had been in the program an average of 39 months. The range was 2 to 72 months, and the median was 53 months. They had the following Race/Ethnicity:

Race/Ethnicity

Race/Ethnicity	Number	Percent
Hispanic	7	78%
Native American	1	11%
Unknown	1	11%

Source: Focus Group Survey

The report was provided to the SJCBHS for their review and comment. A copy of their letter responding to the review is provided in Appendix C. The final report was provided

to the State Department of Mental Health in compliance with the federal peer review statute.

Findings

Overall

- It was apparent that, from administrators down to line staff, there is dedication to serving individuals in San Joaquin County with mental illness. Services are client centered. A value is placed on cultural competency. Program staff and treatment strategies also demonstrate active efforts at using whatever interventions are needed for the clients.
- The flexibility of the SAMHSA funds is used to maximum advantage. They are used for services unfunded by Medi-Cal. Consumers who are uninsured are able to receive services. With the current budget environment, this demonstrates effective administration of various funding sources.
- Multiple programs are co-located at the same site. This demonstrates effective administration and efficient use of limited resources because resources can benefit multiple programs
- Very modest resources and very limited staffing has resulted in quite impressive programs offering very valuable services for the community. The benefits to the community far exceed hopes for the use of such limited funds.

Overall Program Recommendation

- Establish a County plan for preparing staff to work with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) populations
  - → Across both programs, one theme that was in common was that staff recognized a need to work with the cultural difference and specific treatment needs relevant to the LGBTQ population
  - → While staff had the best of intentions in working with this population, the general consensus was that more staff training and support would better prepare them to work with this population

Allies Co-occurring Disorders Service

Strengths

- The clients reported that many aspects of the program were helpful to them:
  - → Daily availability of services, including groups, such as the dual diagnosis class, and one-on-one counseling sessions
  - → Mutual support among peers, "coming together like a family"
  - → Built clients' self-esteem, including the following comments:
    "I've tried a lot of services before, but I've never had such effective services. It helped my self-esteem."

"It turned my life around. I've been in and out of prison. Now I've been clean for four years. This program is such an uplifting thing."
"It's such an encouraging program. It's made me turn around more than any other program."

→ Very client driven with staff who are caring and accessible and who always have time for the clients
→ Provided linkage with community services, such as housing, employment, benefits, postsecondary education, transportation, and sober living facilities
→ Learned that they have a mental illness as well as a substance abuse disorder and how to recover from both disorders
→ Reduced self-stigma of having a mental illness
→ Wrote letters of support for clients, e.g. when they are going to court
→ Gave clients tools they can apply to their lives

- The program has strong engagement strategies
  → Clients are required to demonstrate dedication to the program by attending four meetings before they are accepted into the program
  → Clients who come through the Homeless Court receive reductions to legal fees for program attendance, $10 per group session attended, which is a significant incentive for program participation
  → Staff work hard to create an environment where clients feel safe. Clients can develop a network of peers to support each other and learn from each others' challenges and successes
  → Staff work to communicate with clients in their own language with minimal specialized terminology
  → The effectiveness of engagement strategies is apparent in high attendance rates and that client groups are larger than can be accommodated by existing facilities and staffing
- The program has developed an effective group treatment format
  → Often in mental health group treatment is looked at as a less than optimal alternative to individual treatment
  → The program appears to have embraced a group treatment model that effectively takes advantage of the strengths associated with group treatment
  → This program's use of a range of various groups to provide for the individual needs of various clients is exemplary. This group treatment model should be documented and disseminated so that other counties can benefit from the programs hard work and successes
- Program is not limited to 12-step programs or to a specific religious perspective
  → According to the literature, while 12-step programs have the most evidence for effectiveness in substance abuse treatment, 12-step programs do not work for everyone.
  → The program's effectiveness is likely improved by working with 12 step programs without requiring involvement with 12 step programs
- The program has a strong respect for the importance of Cultural Competency and Recovery principles
  → Administratively, this is demonstrated by:
    - The cultural diversity of the staff employed in the program.

- Emphasis on employing staff with their own prior Recovery experiences

→ In line staff, this is demonstrated by:

- Value placed on helping clients understand their treatment in their own language and level of understanding
- Even when clients do not match with the cultural backgrounds of the diverse staff, staff recognize the importance and put effort into understanding the clients' cultural circumstances
- Staff were asked how they can be culturally competent for such a wide range of cultural backgrounds; the answer was to "Ask the client to teach us about their culture." They also said, "If they don't learn the way we teach, we have to teach the way they do learn." These observations demonstrate a strong respect for the individual circumstances of each client and how culture impacts each individual in a different way

- Staff are aware of stigmatization, the stigma involved with mental illness as well as additional stigma associated with substance abuse. Staff work to avoid making clients feel judged or denigrated. This is important for successful treatment and recovery
- The program recognizes the role of trauma in this client population
- The program includes a substantive strategy for aftercare - Clients are not just cut loose

Opportunities for Improvement

- Client requested services
  → Clients would like there to be additional groups available to them. Specifically, the men want a Healthy Relationships class
  → Clients would like the program to offer more field trips
- Groups are too big
  → Clients have to show up early for meetings to get a seat. Building codes require staff to turn away some possible attendees when rooms cannot safely accommodate all attendees
  → With groups lasting a single hour, this gives insufficient time for all individuals to share and participate in the group. With the current group size, clients request that the groups last longer
  → This recommendation is NOT intended to suggest that existing groups should be reduced in size. Instead, strategies should be explored for expanding the availability of existing groups to adequately meet the needs of the program's clients
  → Are there additional strategies to expand staffing beyond the current 3 line staff?
- Analyze existing use of facilities and meeting rooms
  → Program staff mentioned competing for space to hold groups. Clients suggested using bigger meeting rooms to accommodate more attendance at groups
  → Can larger rooms be used for treatment groups?
  → Are existing group rooms scheduled effectively, and are priorities for the use of group rooms appropriate?
- Client support resources

- → Inadequate transportation resources: Staff and clients agreed that if resources were available, there was a strong need for additional bus passes and additional strategies for transporting clients
- → Make food available to clients
  - Sometimes food is used to help encourage client attendance to services. In this case, the need for food appears to be a little more essential to the clients' well-being
  - Clients mention to staff missing meals in order to attend services. They miss meals because of the time needed for public transportation in order to arrive early enough to gain entrance to the group before maximum attendance levels are reached
  - Clients requested that a hot lunch be provided

♦ Continuum of Care for Substance Abuse needs is insufficient at higher level of care
- → Residential services are lacking
- → Detox services are not available
- → Sober living alternatives are lacking
- → While SAMHSA funds are insufficient to address these needs, the County should study strategies for developing these high end services to ensure that this client population's needs can be met for the full range of the continuum of care to ensure effective and cost efficient treatment

♦ Better coordination between Mental Health and Substance Abuse treatment.
- → Existing literature on co-occurring disorders (COD) treatment and relevant evidence-based practices indicates that it is important to coordinate Mental Health and Substance Abuse treatment
- → In this program, mental health treatment planning is developed independently from substance abuse treatment
- → This is a common problem in COD programs, but should be addressed however possible
- → Consider team-based case reviews
  - The goal of coordination should be to ensure communication between relevant service providers to ensure that staff are not working at cross purposes and to ensure that all staff are aware of relevant client circumstances and treatment response.
- → Analyze how services are currently being documented
  - Are mental health and substance abuse staff documenting and using the same paperwork and do staff review each others documentation? Coordinated Assessments? Care Plans? Progress Notes?

♦ Develop training resources for staff regarding evidence-based treatment strategies for working with this client population
- → This program has a specialized focus but staff do not appear to receive specialized training
- → Training should focus on evidence-based treatment strategies for this population
- → Mental Health and Substance Abuse staff should be trained together to ensure that staff share a common understanding of relevant topics and to improve the likelihood that the trainings will result in changes to day-to-day practices
- → Topics should focus on COD treatment such as Motivational Interviewing

→ Even though there is an explicit and well advertised focus on trauma, there is limited evidence regarding how treatment specifically addresses trauma. Trainings should be developed to prepare staff to work with trauma. Trainings should still focus on evidence-based practices

- Develop efficient methods to collect data on the program's outcomes and effectiveness.
  → The program supervisor believes that the program results in a number of positive outcomes: reductions in legal problems, psychiatric health facility admissions, crisis and emergency service utilization, homelessness, and success with drug court graduation and family reunification
  → However, currently, there is no systematic strategy for measuring or documenting these outcomes

Latino Behavioral Health Recovery Services

Strengths

- Clients reported that many aspects of the program were important to them
  → Individual counseling
  → Groups, including the self-esteem group, anger management, and the groups specifically for women and for men
  → Referral to other services, including postsecondary education, housing, employment, health care, legal aid, and domestic violence
- Evidence-Based Practices for engagement with individuals from the Latino community focus on embedding services and outreach activities within the community. Probably one of the most well-known approaches at this point is the Promotores de Salud program, which includes intensive community engagement. This program should be commended for basically implementing the Promotores program before it was popular and well known
- The program has demonstrated success with establishing interagency relationships and developing relationships with community organizations and churches. This is essential for successful outreach and engagement within the Latino community
  → This engagement ensures both incoming referrals because organizations within the Latino community know where to refer individuals needing mental health services
  → This engagement also ensures awareness of community resources for referrals and linkage
- Effective Development of Culturally Competent services
  → The program has a focus on outreach to the Latino community, but that alone does not guarantee Cultural Competency of staff and services
  → This program demonstrated a strong emphasis on cultural competency. Evidence of cultural competency is demonstrated by the high number of referrals from organizations and churches within the Latino community as well as the high number of referrals that result from word-of-mouth from existing clients
  → Staff focus is on understanding personal perspectives and stories

- Even though this is a contracted program, staff have access to the training resources available from the Department of Behavioral Health
  → This is an important resource for contractors to help ensure access to resources for developing staff capacity and expertise
- The program has placed a high priority on helping to develop mental health professionals qualified to work with Latino consumers
  → A very high proportion of those trained in the program have remained in the San Joaquin community providing mental health services to Latino individuals
  → These new mental health professionals have experience with the Latino community and are bilingual. Both of which are in high demand across the entire State

Opportunities for Improvement

- Service reductions are counter-productive. Because funding remained at a steady level without increases, as expenses increase, cuts had to be made. Some of the eliminated activities cut included:
  → Services provided at Migrant Camps: There were no longer adequate resources for staff to make focused, onsite visits to the Migrant Camps.
  → Acculturation Groups: Services were cut that focused on helping newly immigrated Latinos become comfortable with US culture.
  → Over time, available resources are no longer sufficient to respond to all incoming service requests.
    - When conducting outreach activities, every presentation or meeting with community organizations results in a surge in community referrals.
    - Staff are not able to provide services to all incoming referrals. Only the most extreme referrals receive services. This is problematic for the following reasons:
      - Because initial screenings are typically conducted by phone, there will be times that a referral meeting the criteria for services is missed due to insufficient information.
      - Some individuals who don't receive services will likely end up needing higher levels of care (crisis or emergency services) that could have been prevented had services been available
  → There is a great need for services focused on Acculturation
    - These services are designed for newly immigrated individuals struggling with resolving conflicts and confusion between their traditional culture and their new culture
    - Without adequate services, negative consequences may include:
      - Anxiety, depression, feeling less than, fears, unhealthy coping skills
      - Gang involvement, drug use, financial strains, homelessness, domestic violence, child abuse, school failure, law enforcement involvement
      - Acculturation also impacts willingness to access services and be open with information, family roles, and women's roles in their families
- Improve access to medication services
  → Staff and clients mentioned inadequate access to medication services

→ Expand availability of medication services as appropriate
- This may be addressed through increasing funds for the contractor to develop services within the program or by increasing access to other providers with the capacity to provide services
- Of course, service availability will be dependent on available funding especially since a majority of these clients will be uninsured

- Staff could benefit from additional training regarding differences between various Latino cultures
  → Staff have already a well established respect for cultural competency and have good skills regarding culturally appropriate care for the Latino community
  → Not all Latino cultures are the same. It would be helpful to explore possible training materials to help staff understand the differences between various Latino groups and individuals from various South American countries and heritage
- Community capacity building
  → Continue to develop the expertise of community organizations to address mental health needs
  → Clients request that services be provided in Tracy and Lodi
- Clients request that there be more outreach and engagement especially so that there are more men attracted to the program. Male clients expressed the need for more men participating so there could be more focus on male-specific issues

Appendix A

FEDERAL GRANT DETAILED PROGRAM BUDGET

MH 1779 REV(04/04)

STATE FISCAL YEAR: 2008-09

TYPE OF GRANT (Check One Only): SAMHSA XXX PATH _____

COUNTY: SAN JOAQUIN

SUBMISSION DATE: 11/21/08

FISCAL CONTACT: EJAZ AHMED

TELEPHONE NUMBER: 209-468-0663

PROGRAM NAME: ALLIES Co-Occurring Disorders Services

E-MAIL ADDRESS: eahmed@sjcbhs.org

***Dual Diagnosis Set Aside = $282,744**

	STAFFING			1	2	3
	TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Mental Health Clinician I (Ayesha A-P)	92873	1	$ 91,587	$ 1,286	$ 92,873.00
2	Mental Health Specialist III (Thurnell)	79283	1	$ 75,259	$ 3,669	$ 78,928.00
3						$ -
4	Case Manager (Contract)	78040	2	$ 78,040		$ 78,040.00
5						$ -
6						$ -
7						$ -
8						$ -
9						$ -
10						$ -
11						$ -
12	**TOTAL STAFF EXPENSES (sum lines 1 thru 11)**	**$ 250,196**	**4.00**	**$ 244,886**	**$ 4,955**	**$ 249,841**
13	Consultant Costs (Itemize):					$ -
14	Staff training (Contract)			$ 750	$ -	$ 750
15	Professional Services-Therapist @50 Hours (cont)			$ 3,250		$ 3,250
16						$ -
17	Equipment (Where feasible lease or rent) (Itemize):					$ -
18						$ -
19						$ -
20						$ -
21						$ -
22	Supplies (Itemize):					$ -
23	Office Supplies (Contract)			$ 500	$ -	$ 500
24						$ -
25	Office Supplies /Printing				$ 1,325	$ 1,325
26						$ -
27						$ -
28	Travel -Per diem, Mileage, & Motor pool			$ 1,837	$ 3,163	$ 5,000
29	Mileage/transportation (Contract)			$ 1,560	$ -	$ 1,560
30	Other Expenses (Itemize):					$ -
31	Space cost (Contract)			$ -	$ -	$ -
32	Communications			$ -	$ 750	$ 750
33	Incentives including food (Contract)			$ 1,200	$ -	$ 1,200
34	Communications (Contract)			$ 1,200	$ -	$ 1,200
35	Administaration overhead (Contract)			$ 9,500	$ -	$ 9,500
36						$ -
37	COUNTY ADMINISTRATIVE COSTS (2% PATH/10% SAMHSA)			$ 19,898	$ (12,030)	$ 7,868
38	**NET PROGRAM EXPENSES (sum lines 12 thru 37)**			**$ 284,581**	**$ (1,837)**	**$ 282,744**
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			$ -	$ -	$ -
	GROSS COST OF PROGRAM (sum lines 38 and 41)			$ 284,581	$ (1,837)	$ 282,744

set-aside $282744

DMH APPROVAL BY:

FEDERAL GRANT DETAILED PROGRAM BUDGET

MH 1779 REV(04/04)

STATE FISCAL YEAR: 2008-09

TYPE OF GRANT (Check One Only): SAMHSA XXX PATH _____

COUNTY: SAN JOAQUIN

SUBMISSION DATE: 11/21/08

FISCAL CONTACT: EJAZ AHMED

TELEPHONE NUMBER: 209-468-0663

PROGRAM NAME: Latino Behavioral Health Services

E-MAIL ADDRESS: eahmed@sjcbhs.org

	STAFFING			1	2	3
	TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Co-Director					$ -
2	Mental Health Clinician	130858	1.75	$ 99,225	$ 31,633	$ 130,858.00
3	Administrative Assistant	26128	0.54	$ 24,300	$ 1,828	$ 26,128.00
4	Case Manager	0	0	$ 24,300	$ (24,300)	$ -
5	Team Clerk	9225	0.3		$ 9,225	$ 9,225.00
6						$ -
7						$ -
8						$ -
9						$ -
#						$ -
#						$ -
#	**TOTAL STAFF EXPENSES (su**	$ 166,211	2.59	$ 147,825	$ 18,386	$ 166,211
#	Consultant Costs (Itemize):			$ 30,549	$ (30,549)	$ -
#	Staff Training			$ 1,020	$ (410)	$ 610
#						$ -
#						$ -
#	Equipment (Where feasible lease or rent) (Itemize):			$ 765	$ (765)	$ -
#	Equipment Rental			$ 1,071	$ 149	$ 1,220
#	Equipment Purchase				$ 610	$ 610
#						$ -
#						$ -
#	Supplies (Itemize):					$ -
#	Office Supplies			$ 1,530	$ (920)	$ 610
#	Space Cost			$ -		$ -
#	Payroll Processing			$ 408	$ 80	$ 488
#						$ -
#						$ -
#	Travel -Per diem, Mileage, & Vehicle Rental/Lease			$ 1,961	$ 1,475	$ 3,436
#						$ -
#	Other Expenses (Itemize): Audit Fee			$ 816	$ 160	$ 976
#	Space Cost			$ 25,500	$ 6,220	$ 31,720
#	Utilities/Telephone Expenses			$ 2,805	$ 550	$ 3,355
#	Janitorial Services			$ 714	$ 262	$ 976
#	Liability Insurance			$ 816	$ 160	$ 976
#	Advertising			$ -		$ -
#	Printing			$ -		$ -
	Indirect Expenses (Contract)@15%			$ 26,805	$ 4,592	$ 31,397
#	COUNTY ADMINISTRATIVE COSTS (2% PATH/10% SAMHSA)			$ -		$ -
#	**NET PROGRAM EXPENSES (sum lines 12 thru 37)**			$ 242,585	$ -	$ 242,585
#	OTHER FUNDING SOURCES: Federal Funds					
#	Non-Federal Funds					
#	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			$ -	$ -	$ -
#	**GROSS COST OF PROGRAM (sum lines 38 and 41)**			$ 242,585	$ -	$ 242,585

DMH APPROVAL BY:

TELEPHONE:

DATE:

Appendix B

Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol

1. Have there been any revisions to the program description? If so please describe.
2. What staff are providing services? Please specify in full time equivalent positions.
3. How does the program serve the target population; eg, Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served.
4. What collaborative efforts with other County programs have been undertaken with CMHS-funded services?
5. Are the approved measurable objective being met? What progress has there been towards meeting the approved program objectives? If there are problems, what has been or needs to be done to resolve the issue?
6. What are the results of the program evaluation as described in the approved application? If a problem was identified, what action was planned or taken to resolve it?
7. Does this program have a role in reducing racial/ethnic/cultural disparities in your county?
8. What barriers have you encountered? What means have been used to eliminate any identified barriers?
9. What special gains or service reforms have occurred as a direct result of the County's SAMSHA grant program?

Staff Focus Group Questions

Start with review team introductions. Then, ask each person in the focus group to introduce themselves and say a little about their role in the program and how long they've been with the program.

1. Please tell us about the program. How is the program staffed? Who is served? How are potential consumers identified? How is assessment conducted? How do you develop treatment plans? What services do you provide?
2. What are the program's strengths/successes and what are the program's challenges? From the perspective of management? Supervisor? Line staff?
3. What interagency involvement is there? How successful is collaboration? What strategies are used to facilitate collaboration? Management? Line staff?
4. How are staff trained? Is there any training regarding specific treatment approaches or treatment philosophy? What kind of training is provided regarding Cultural competency? How is Cultural Competency training incorporated into service delivery? Do staff receive any specific training on Recovery principles? Describe. How are Recovery principles incorporated into service delivery?
5. What does success look like for the program's consumers? Please provide some examples. What are the greatest challenges for obtaining this success? What are the programs greatest strengths in helping consumers succeed?
6. If we asked consumers what they thought about the program, what would they tell us? What would be the program's greatest challenges from their perspective? What would be the program's greatest strengths? If we talked to consumers, what would they say about cultural competency? About the focus on recovery?

Client Focus Group Questions

1. What part of this program do you think is the most helpful to you?

2. How involved are you in helping to develop your treatment plan and setting your goals?

3. What goals are most important for you, and how do your services help you get there?

4. How is this program helping you "recover" from the problems that brought you here?

5. Do you consider yourself to be a part of a certain culture, such as ethnicity, age, or religion? Is the staff respectful of this when they talk to you or assist you in your plans?

6. Are you receiving community-supported services in preparing you for transition to independent living; e.g. employment, housing, education?

7. What do you recommend for improving services here?

Appendix C

SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES
1212 NORTH CALIFORNIA STREET ♦ STOCKTON, CA 95202
Tel: (209) 468-8700 ♦ Fax: (209) 468-2399

Mental Health Services ♦ Substance Abuse Services ♦ Conservator Services ♦ Mental Health Pharmacy

DEPARTMENT OF
HEALTH CARE SERVICES

November 8, 2010

Ann Arneill-Py, PhD, Executive Director
California Mental Health Planning Council
1600 9th Street
Sacramento, CA 95814

Dear Ms. Arneill-Py:

San Joaquin County Behavioral Health Services (SJCBHS) appreciated the peer review of Allies Co-occurring Disorders and the Latino Behavioral Recovery Services conducted by the California Mental Health Planning Council on August 24-25, 2010 on behalf Substance Abuse and Mental Health Services Administration (SAMHSA).

SJCBHS agrees with the overall finding and would like to respond or comment on some of the findings (see attached). We were also pleased and honored, at your request, to have presented these two programs recently to the California Mental Health Planning Council. Please let me know if you have any questions. I can be reached at (209) 468-8750 or at vsingh@sjcbhs.org.

Sincerely,

Victor Singh, LCSW
Behavioral Health Services Director

San Joaquin County Behavioral Health Services
SAMHSA Peer Review of 8/24/2010 - 8/25/2010

CMHPC Findings & SJCBS Responses

1. **Overall Program Recommendation (page 5)**

   CMHPC Finding: Establish a plan for preparing to work with Gay, Lesbian, Bisexual, Transgender and Questioning (LGBTQ) populations.

   - **SJCBHS Response:** SJCBHS provided two trainings for county and contract staff in cultural competence with LGBTQ populations in FY 2008-2009. Latino Behavioral Health Recovery Services (LBHRS) staff has received some additional ongoing training in LGBTQ population at the program level.

2. **Allies Co-Occurring Disorders Services - Opportunities for Improvement (pages 7-9)**

   2a. **CMHPC Finding:** Clients would like additional groups.
   - **SJCBHS Response:** We are currently in the process of gathering materials needed to facilitate the Men's group request. As needed, we provide educational trips that help clients with their recovery goals.

   2b. **CMHPC Finding:** Groups are too big.
   - **SJCBHS Response:** We recognize this is a problem and try to accommodate the participants by keeping an effective group size.

   2c. **CMHPC Finding:** Clients desire longer groups:
   - **SJCBHS Response:** We are looking at extending larger groups for 1-1/2 hour.

   2d. **CMHPC Finding :** Are there additional strategies to expand staffing?
   - **SJCBHS Response:** None at this time, due to budget constraints.

   2e. **CMHPC Finding:** Analyze existing use of facilities and meeting rooms.
   - **SJCBHS Response:** We have looked at various options and have reserved larger conference rooms for calendar year 2011.

   2f. **CMHPC:** Client support resources, i.e. inadequate transportation resources and missing meals in order to attend the services.
   - **SJCBHS:** We will continue to work with clients and help them to understand the bus system. Bus passes are given out when available. Snacks are provided during meetings and efforts will be made to provide more nutritious snacks.

2g. **CMHPC:** Continuum of care for substance abuse needs is insufficient at higher level of care.

- **SJCBHS:** The continuum of care for substance abuse needs is provided through the new Substance Abuse Services' 4-bed non-medical detox service at a residential facility and the sober living facilities certified by the California Association of Addiction and Recovery Resources (CAARR). We are currently utilizing 2 of these sober living facilities and will expand our list as additional ones become CAARR certified. Clearly there is a need to provide either medically monitored and/or hospital level detox services and we are hopeful a means for funding such services can be found during the national health care reform implementation starting in 2014.

2h. **CMHPC:** Better coordination between Mental Health and Substance Abuse treatment.

- **SJCBHS:** Allies 2 Program staff meets weekly and are members of the interdisciplinary team (IDT) of substance abuse and mental health professionals who develop treatment plan for the participants.

2i. **CMHPC:** Consider team-based case reviews.

- **SJCBHS:** The IDT meets weekly to review cases.

2j. **CMHPC:** Analyze how services are currently being documented.

- **SJCBHS:** Services are electronically documented on Clinician Gateway. Documentation is uniform across all classifications of staff in this program. Staff has access to review the documentation that was done electronically or written on hard charts as necessary.

2k. **CMHPC:** Develop training resources for staff regarding evidence-based treatment strategies for working with this client population.

- **SJCBHS:** Monthly in-house trainings focusing on a variety of treatment modalities including co-occurring disorder treatment are provided to staff. This program addresses trauma by providing evidence-based trauma specific groups including Seeking Safety and Atrium. Additional trainings that address trauma issues are also provided, such as:
  - Men's Trauma Group
  - From Anger to Compassion
  - Healthy Love Connections

2l. **CMHPC:** Develop efficient methods to collect data on the program outcomes and effectiveness.

- **SJCBHS:** Since the review, we have begun to collect data in the areas of housing, drug courts, and more.

3. **Latino Behavioral Health Recovery Services (LBHRS) – Opportunities for Improvement (pages 10-11)**

3a. **CMHPC:** Improve Access to Medication Services.

- **SJCBHS:** LBHRS program refers to the Adult Outpatient Programs (including the El Concilio psychiatrist at the La Familia program) for the medication needs of their consumers. While the full array of services is not available to these individuals if they are uninsured, however, if they meet the criteria for Severe Mental Illness, they can be seen by a SJCBHS Psychiatrist. Also, for less intensive medication needs, LBHRS staff refers some individuals to community Primary Care Providers including:
  - Channel Medical Clinics located in downtown Stockton and in North Stockton (FQHC)
  - La Loma Clinic in South Stockton
  - Mobile clinics provided by St. Joseph's Medical Center and Kaiser

3b. **CMHPC:** Clients request that services be provided in Tracy and Lodi

- **SJCBHS:** Services can be provided at El Concilio's satellite offices in Lodi, Manteca and Tracy. Access to these sites can be offered to clients as needed.